



LEGISLATIVE UPDATE

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March 21, 2008

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Legislative Day a Success

On March 12, more than twenty hospice representatives headed up to the Iowa statehouse to meet with their legislators and ask for their support on issues important to hospices. Top on the list, hospice advocates asked legislators to support a public smoking ban with no exemptions. Furthermore, participants talked about the importance of educating the public on end-of-life care options and asked for their support for a public education campaign included in HF 2539 and SF 2190.

The day was a success with nearly all participants reaching their legislators. For some, this was the first trip to the statehouse since childhood, and all had a good time while participating in the legislative process and trying to make a difference in health public policy in Iowa.

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Smoking Bill Goes to Conference Committee

This week, a conference committee of 5 Senators and 5 Representatives assembled to discuss **House File 2212**, the statewide smoking ban legislation. The conference committee is a result of the Senate and House's inability to agree thus far on the scope of the smoking ban.

The committee is charged with the task of creating a bill that meets the demands of both chambers. The debate focuses largely on whether the bill should contain the Senate's more strict provisions that ban smoking in virtually all public places or the House's proposal that would allow smoking in most bars, casinos and some restaurants during hours when only people ages 21 or older are allowed, or a combination of the two.

The committee hoped to arrive at a final resolution this week, but Representative Tyler Olson (D-Cedar Rapids), the committee's chairman was called home as his wife went into labor. The committee did meet, but adjourned without taking action on this legislation. Once the conference committee reaches agreement, there are no additional opportunities for amendments and both chambers hold one vote on the proposal. No future meetings have yet been scheduled.

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Health Reform Legislation Moves Forward

On March 11, the House passed **House File 2539**, a comprehensive health reform bill that mandates a state plan for providing health insurance for all children by 2011 and all adults by 2013. The bill also contains provisions surrounding the development of health information technology, end-of-life decision making, allowing adult children to remain on their parents' health insurance plans until age 25, chronic care management and wellness initiatives.

For end-of-life issues, the bill includes a requirement for the Department of Public Health, in consultation with the Iowa Hospice Organization and others, to conduct a public education campaign on end-of-life care options and decision making tools.

HF 2539 represented a bipartisan effort that passed the House by a 97-0 vote.

The Senate Appropriations Committee passed HF 2539 this week, setting the stage for full Senate consideration of the proposal. However, the House bill was amended by the Senate Committee to more closely resemble Senate File 2190, a more detailed and perhaps more controversial version of the topics covered in the bill.

The Senate amendment provides a structure and \$24.8 million of funding over the next three years to provide health insurance to the approximately 48,000 Iowa children without insurance. HF 2539 originally contained intent language to insure all children without a specific mechanism or appropriation to do so.

The Senate amendment also authorizes a pilot project utilizing the Physician Order for Life Sustaining Treatment form and directs the Iowa Department of Public Health to convene a workgroup to discuss taking the pilot project statewide.

The full Senate is expected to take up the proposal soon, after working out some compromise language with the House, where some of the Senate language is certain to receive opposition. IHO is working with both chambers to assure that the positive measures detailed in the health reform plan remain.

IHO supports both HF 2539 and SF 2190.

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HHS Budget to Be Released Next Week

The Senate Appropriations Committee is expected to bring forth the Health and Human Services appropriations bill early next week. The HHS budget contains Medicaid appropriations and a wide range of other spending initiatives.

While the FY 2009 HHS budget target was only expanded \$38 million over the current fiscal year, IHO does not expect any cuts to be made to programs of interest to hospice.

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DIA Seeks Expansion of Dependent Adult Abuse Laws

Just prior to the first funnel deadline, **House Study Bill 729** was introduced as a proposed bill by the Iowa Department of Inspections and Appeals (DIA). The bill would create a new Iowa Code chapter 235E enforced by DIA and specifically focused on dependent adult abuse in facilities. The definition of facilities includes hospitals, nursing homes, assisted living and adult day programs and elder group homes but not hospices or hospice houses.

The proposed bill establishes much broader definitions of “facility,” “caretaker,” “dependent adult” and “dependent adult abuse” than in the current law covering dependent adult abuse (Iowa Code chapter 235B). For instance, the bill creates a rebuttable presumption that any person over the age of 18 who is admitted to a facility is a dependent adult. The bill also creates a rebuttable presumption that any person employed by a facility is a caretaker.

After much concern from the industry about the lack of time to work on this issue, the House Human Resources Committee passed the bill but amended it to include only intent language about protecting dependent adults from abuse.

This week, the subcommittee for **House File 2591**, a bill making changes to Iowa’s dependent adult abuse laws, met again to discuss a proposed amendment for the bill. The amendment includes much of the language in the original House Study Bill 729, but makes some significant changes from the original bill based upon feedback from industry groups.

For instance, the amendment removes the broad definitions of “caretaker” and “dependent adult” from HSB 729 replacing them with the current code definitions in Iowa Code chapter 235B. The amendment also does not contain any rebuttable presumptions that would have allowed DIA to presume that any adult admitted to a facility was dependent and all employees were caretakers. Furthermore, the amendment includes as an element of intent, “willful misconduct, gross negligence, or recklessness,” in order for an act or omission to be considered dependent adult abuse.

IHO continues to monitor this legislation which will essentially create two standards for hospice caretakers depending on where the care is provided. Care provided in the home would be reviewed by the Iowa Department of Human Services, while care provided in a facility would be reviewed by DIA.

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Nonprofit Compensation Bill Clears Committee

In an unusual procedural move, Representative Mary Mascher (D-Iowa City), chair of the House State Government Committee, brought up a bill for debate in the house state government committee's final meeting before the first funnel deadline and dissolved the entire committee into a subcommittee of the whole to consider the legislation. The bill was not on the committee's schedule, nor had there been any public discussion of the proposal.

House File 2617 requires all nonprofit corporations to release executive salary information with their biennial filing reports. However, the bill defines compensation to include all benefits such as disability, life or health insurance; other health and wellness benefits; vacations, holidays, and sick leave; severance payments; retirement benefits; and deferred compensation.

With more than 25,000 nonprofit organizations operating in the Iowa, the bill is very expansive in its data-gathering requirements. The biennial report required by current law is a public record open to public inspection.

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IHO to Offer Hospice Regulatory Boot Camp

IHO, in conjunction with Weatherbee Resources, Inc., is sponsoring a Regulatory Boot Camp, to be held in Des Moines this summer. Mark your calendars now to attend this intensive two-and-a-half day workshop for hospice professionals, Monday, August 11 - Wednesday, August 13. The cost for this workshop will be \$695 per person, \$595 per person for groups of two or more from one organization.

The Federal regulations that govern hospice programs are complex, changing and frequently misunderstood. Weatherbee Resources, Inc., recognized nationwide as a leader in helping hospice programs achieve and maintain regulatory compliance, has developed an innovative and intensive educational program designed to provide knowledge, understanding and resources related to hospice regulations.

The Hospice Regulatory Boot Camp was created in response to a need for an in-depth program that covers all aspects of the Federal regulations that govern hospices. The program is designed for hospice executives, managers and supervisory staff, including program CEOs, clinical directors and compliance officers. Whether new to hospice (the program is an excellent orientation to the hospice regulatory environment) or a seasoned hospice professional, the information, resources and discussion provided during this two-and-a-half day program will challenge, inform and guide participants through the regulatory maze that all hospice programs must navigate.

The program will be held at the West Des Moines Sheraton Hotel. A sleeping room block is being arranged. More detailed information will be mailed soon. For more information, contact Becky Anthony at 515.243.1046.

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Quality Partners Program Conference Calls Begin

The first in a series of conference calls to discuss the components of the NHPCO Quality Partners Program was held on March 18. Notes from this call, which covered Ethical Behavior and Consumer Rights, are available on the IHO web site, www.iowahospice.org.

Future calls cover topics including Performance Measurement, Inclusion and Access and Organizational Excellence. The calls offer an opportunity for questions and to share implementation strategies among the hospices participating. Frances Hoffman serves as the facilitator. The self-assessments for each component have been combined in one document and are available on the IHO Web site under the calendar tab. You will need to reference this material when you participate.

This is a great opportunity for you to join your peers in discussions that can improve the quality of service to hospice patients throughout Iowa! Additional information and registration is available on-line at www.iowahospice.org.

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Hospice News Network

- **Admissions to the nation's nursing schools rose 5% in 2006 and graduation rates for all programs rose 8.5%.** Admissions to diploma programs rose 9%, associate degree programs 8%, and baccalaureate programs 12%. Graduation rates for diploma programs fell 3%, associate degree graduations rose 3%, and baccalaureate graduations increased 20%. (*Modern Healthcare's Daily Dose*, 3/4)
- **Senator Jim Inhofe (R-Oklahoma) has introduced the Preserving Access to Hospice (PATH) Act, which would guarantee hospice care to the nation's elderly.** The bill calls for "relief for hospice providers impacted by the Medicare hospice cap by placing a moratorium on the collection and calculation of hospice cap overpayments for fiscal years 2006, 2007 and 2008," which gives the parties involved "the necessary time to develop and implement a long-term solution, while protecting patient access to hospice care." The bill also calls for a MedPAC study of the cap problem. (*State News Service*, 3/6)
- **Representative David Loesback (D-Iowa) has sponsored HR 5465, The Military Pain Care Act of 2008, which would require the Department of Defense to implement a pain care initiative.** Information on the bill is available at www.govtrack.us/congress/bill.xpd?bill=h110-5465. (*GovTrack Website*)
- **At a recent MedPAC monthly meeting, a MedPAC senior analyst reported, "Hospice use saves the most money for shorter hospice stays and/or conditions that would have incurred high levels of inpatient care at the end of life.** However, hospice use has greater spending for long lengths of stay or for terminal illnesses with lower levels of inpatient care."

The report also said that Medicare hospice spending tripled between 2000 and 2007, that the “most growth in hospice providers is due to for-profit providers entering the field,” and that “further analysis [is] necessary to understand cap hospice financial performance.” To read the entire transcript of the meeting, go to www.medpac.gov, click on “public meetings,” on the left-hand side and scroll down to open the transcript of the March 5-6 meeting. (*NHPCO Public Policy Alert*, 3/7)

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